

# BOARDING INFORMATION

## GENERAL INFORMATION

Pet's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Date dropping off pet: \_\_\_\_\_ Date picking up pet: \_\_\_\_\_

Do you want your dog(s) socializing with other dogs?  Yes  No

Please List all items you will be leaving:

**\*\* PLEASE NOTE: STAY & PLAY IS NOT RESPONSIBLE FOR ANY LOST ITEMS \*\***

## FEEDING INFORMATION

Eat our Food?  Yes  No If no, brand of food provided: \_\_\_\_\_

How much do you feed your pet(s)? \_\_\_\_\_

Servings per day: \_\_\_\_\_ Amount per Serving: \_\_\_\_\_

## MEDICATIONS / HEALTH

Is your pet on medication?  Yes  No Type/Name of Medication: \_\_\_\_\_

If so, has your pet received any medication today?  Yes  No

Please list medication details (i.e. dosage amounts and frequency)

Frequency	Amount	Special Instructions:
<input type="checkbox"/> AM	_____	
<input type="checkbox"/> Noon	_____	
<input type="checkbox"/> PM	_____	

Does your pet have any allergies?  Yes  No If so, to what? \_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who will be picking up your pet?  Self  Other: \_\_\_\_\_

## ADDITIONAL SERVICES DESIRED

<input type="checkbox"/>	Bath	\$10 (free if staying 3 or more days)
<input type="checkbox"/>	Nails	\$10
<input type="checkbox"/>	Brushing	Price Varies depending upon breed and condition of coat
<input type="checkbox"/>	Bedtime snack	\$1.00 per snack

Owner's Signature: \_\_\_\_\_ Employee signing in pet: \_\_\_\_\_